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STEPHANIE MCGEE AZAR  
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## PUBLIC NOTICE

### SUBJECT: NOTICE OF INTENT TO SUBMIT A FAMILY PLANNING SECTION §1115 DEMONSTRATION WAIVER EXTENSION PROPOSAL

The Alabama Medicaid Agency (Medicaid) is proposing to extend its Family Planning Section §1115 Demonstration Waiver. Pursuant to 42 C.F.R. § 431.408, notice is hereby given that Medicaid will provide the public the opportunity to review and provide input on the Demonstration Waiver that will be submitted to the Centers for Medicare and Medicaid Services (CMS). This notice provides details about the Waiver submission and serves to open the 30-day public comment period, which closes on Tuesday, May 30, 2017 at 5:00 PM (CST). The Agency does not anticipate a change in expenditures due to this Waiver extension.

In addition to the 30-day public comment period in which the public will be able to provide written comments to the Agency via the U.S. Postal Service or electronic mail, Medicaid will also host two public hearings in which the public may provide verbal comments directly to the Agency. The public hearings will be held on the following dates and times at the following geographically distinct locations:

**Thursday, May 11, 2017, 10:00 AM-11:00 AM (CST)**  
Alabama Medicaid Agency District Office  
468 Palisades Blvd.  
Birmingham, AL 35209

**Friday, May 12, 2017, 10:00 AM -11:00 AM (CST)**  
Alabama Medicaid Agency Boardroom  
501 Dexter Avenue  
Montgomery, AL 36104

Medicaid will be presenting on the renewal at the public hearings. Teleconference access will be available for individuals who cannot attend in person. Participants may access the hearings by calling 1-888-822-7517. The access code is: 803743#. Webinar capabilities will be available for the hearing on Friday, May 12, 2017. Dial-in instructions will be posted on Medicaid's website at:  
[http://www.medicaid.alabama.gov/content/4.0\\_Programs/4.2\\_Medical\\_Services/4.2.4\\_Family\\_Planning.a.spx](http://www.medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.4_Family_Planning.a.spx).

## WAIVER PROPOSAL SUMMARY

The §1115 Demonstration Waiver extension is seeking continued flexibility in administering and managing family planning services to eligible individuals under the Plan First Program delivery model. The delivery model is designed to reduce unintended pregnancies and improve the well-being of women, men and infants in Alabama. Males ages 21 or older meeting the eligibility guidelines can only receive vasectomies and vasectomy related services.

## GOALS & OBJECTIVES

The Alabama Medicaid Agency seeks to comprehensively accomplish the following goals/objectives for the Demonstration Waiver:

- (1) Increase the Plan First Program enrollment and reduce race/ethnicity and geographic disparities.

- (2) Maintain a high level of awareness of the Plan First Program.
- (3) Increase the proportion of enrollees who use family planning services.
- (4) Increase the portion of enrollees who receive smoking cessation services or products.
- (5) Maintain lower birth rates among Plan First participants.
- (6) Improve the vasectomy rates for Plan First males.

## **ELIGIBILITY**

Childbearing women, ages 19-55, and males ages 21 or older meeting the income limit at or below 141% of the Federal Poverty Level (FPL) may qualify for services under this Waiver. A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income.

The Plan First Program enrollees must meet one of the eligibility criteria described below.

### **Group 1**

Women 19 through 55 years of age who have Medicaid eligible children (poverty level), who become eligible for family planning without a separate eligibility determination. They must answer "yes" to the Plan First question on the application. Income is verified at initial application and re-verified at recertification of their children. Eligibility is re-determined every 12 months.

### **Group 2**

Poverty level pregnant women 19 through 55 years of age whose pregnancy ends while she is on Medicaid. The Plan First Waiver system automatically determines Plan First eligibility for every female Medicaid member entitled to Plan First after a pregnancy has ended. Women automatically certified for the Plan First Program receive a computer generated award notice by mail. If the woman does not wish to participate in the program, she can notify the caseworker to be decertified. Women who answered "no" to the Plan First question on the application and women who do not meet the citizenship requirement do not receive automatic eligibility. Income is verified at initial application and re-verified at re-certification of their children. Eligibility is re-determined every 12 months.

### **Group 3**

Other women age 19 through 55 years of age who are not pregnant, postpartum or who are not applying for a child must apply using a simplified shortened application. A Modified Adjusted Gross Income (MAGI) determination will be completed using poverty level eligibility rules and standards. Recipient declaration of income will be accepted unless there is a discrepancy. The Agency will process the information through data matches with state and federal agencies. If a discrepancy exists between the recipient's declaration and the income reported through data matches, the recipient will be required to provide documentation and resolve the discrepancy. Eligibility is re-determined every 12 months.

### **Group 4**

Plan First men, ages 21 and older, wishing to have a vasectomy may complete a simplified shortened Plan First application (Form 357). An eligibility determination must be completed using poverty level eligibility rules and standards. Eligibility will only be for a 12-month period; therefore, retro-eligibility and renewals are not allowed. If the individual has completed the sterilization procedure but has not completed authorized follow-up treatments by the end of the 12-month period, a supervisory override will

be allowed for the follow-up treatments. If the individual does not receive a vasectomy within the 12-month period of eligibility, then he will have to reapply for Medicaid eligibility.

## ENROLLMENT & FISCAL PROJECTIONS

It is anticipated that enrollment in the Plan First Program will fluctuate for a variety of reasons. Recipients have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary without any form of duress or coercion applied to gain such acceptance. In addition, once a recipient receives a sterilization, he/she is no longer eligible to receive family planning services under this Demonstration Waiver.

The following tables illustrate the State's enrollment projections by total member months and historical expenditures.

			DEMONSTRATION YEARS (DY)					TOTAL WW
ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	2017	2018	2019	2020	2021	
Medicaid Pop 1								
Pop Type: Medicaid								
Eligible Member Months	1,069,348	-1.8%	1,050,567	1,031,761.53	1,013,293.00	995,155.05	977,341.78	
PMPM Cost	\$ 25.54	0.0%	\$ 26.01	\$ 26.01	\$ 26.01	\$ 26.01	\$ 26.01	
Total Expenditure			\$ 27,327,762	\$ 26,836,117	\$ 26,355,751	\$ 25,883,983	\$ 25,420,660	\$ 131,824,273

## Historical Expenditures

Medicaid Pop 1	2012	2013	2014	2015	2016	5-YEARS
TOTAL EXPENDITURES	40,057,737	41,344,489	38,224,716	31,809,996	27,315,612	\$ 178,752,550
ELIGIBLE MEMBER MONTHS	1,149,592	1,277,918	1,301,043	1,194,096	1,069,348	
PMPM COST	\$ 34.85	\$ 32.35	\$ 29.38	\$ 26.64	\$ 25.54	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
TOTAL EXPENDITURE		3.21%	-7.55%	-16.78%	-14.13%	-9.13%
ELIGIBLE MEMBER MONTHS		11.16%	1.81%	-8.22%	-10.45%	-1.79%
PMPM COST		-7.15%	-9.19%	-9.33%	-4.11%	-7.47%
						89,112

## BENEFITS

Through the Plan First Program, women are able to take advantage of all family planning and pregnancy prevention services and products offered through Medicaid as covered services. These services include all types of contraceptives; pills, patch, ring, diaphragms, Long Acting Reversible Contraceptives (LARC) and sterilizations. Once a recipient is sterilized, the eligibility status will end and he or she is no longer eligible to receive services under this Waiver.

Recipients are also able to receive physician office visits for family planning services, labs, STD screenings and counseling services. Selected smoking cessation products are covered for Medicaid recipients on the Plan First Program. Products includes Nicotine Replacement Therapy (NRT) products

such as nicotine patches, nicotine gum, nicotine lozenges, bupropion tablets and varenicline tablets. Recipients are also provided with access to the Smoking Cessation Quitline for counseling.

Care coordination services are available to all female recipients. Care coordination services are designed to provide special assistance to those women who are at high risk for an unintended pregnancy and allow for enhanced contraceptive education, encouragement to continue with pregnancy spacing plans and assistance with the mitigation or removal of barriers to successful pregnancy planning.

Male Plan First recipients are not eligible for care coordination at this time. A waiver amendment was submitted to CMS in November 2016 to add care coordination as a covered service for males enrolled for vasectomy and vasectomy related services. The Waiver amendment is pending CMS's approval.

The goal for care coordination service for Plan First males is to increase the number of men enrolled in the Plan First program and the proportion of male enrollees undergoing vasectomy by assisting with the application process for Plan First through the Alabama Medicaid Agency. The care coordinator will assist with identifying Medicaid approved vasectomy providers, facilitate the initial appointment process, and provide appointment reminders.

The number of men enrolled in Plan First for vasectomies and vasectomy related covered services will increase by 10% annually, 85% of male Plan First enrollees will receive care coordination services, and 75% of male enrollees will undergo the procedure within the enrollment year. This goal will be evaluated based on the number of male enrollees, claims for care coordination and sterilizations performed statewide.

Use of vasectomy services by male enrollees will increase with increased provision of care coordination services using the following stratification:

	<b>DY15 (10/14-9/15)</b>	<b>DY16 (10/15-9/16)</b>	<b>DY17 (10/16-9/17)</b>	<b>DY18 (10/17-9/18)</b>
Number enrolled				
Number obtaining vasectomy				
Received care coordination				
No care coordination				
Number not obtaining vasectomy				
Received care coordination				
No care coordination				
% enrolled obtaining vasectomy				

## **MEMBER COST SHARING**

Recipients are exempt from co-payment requirements for family planning services. There are no co-payments on prescription drugs or supplies that are designated as family planning.

## **IMPLEMENTATION**

The Alabama Medicaid Agency's (Medicaid) Plan First Program began on October 1, 2000. The previous Waiver was approved for effective dates of April 12, 2012, through December 31, 2013. CMS granted an extension for effective dates of June 27, 2013, through December 31, 2014. Medicaid requested an extension of the Section §1115 Plan First Demonstration Waiver and an approval was granted by CMS for effective dates of December 29, 2014, through December 31, 2017, three (3) years. During this

renewal, two new covered services were added; removal of migrated or embedded intrauterine devices in an office setting or outpatient surgical facility and coverage of vasectomies for eligible males 21 years of age or older.

## **HYPOTHESES & EVALUATION**

This Section §1115 Demonstration Waiver will investigate the following research hypotheses related to each program goal:

Goal 1: Increase the enrollment for the portion of women eligible for this Demonstration and reduce race/ethnicity and geographic disparities in enrollment. The program goal is to enroll 80% of eligible women under age 40 into the Plan First Program.

Hypothesis: Increasing enrollment in the Plan First Program will promote member use and reduce race/ethnicity and geographic disparities in enrollment.

Goal 2: Maintain a high level of awareness of the Plan First Program among enrollees. The program goal is that 90% of surveyed enrollees will have heard of the Plan First Program and 85% will be aware that they are enrolled in the program.

Hypothesis: Maintaining a high level of awareness of the Plan First Program among enrollees will increase enrollment, service utilization and participation therefore decreasing unwanted pregnancies and improving spacing between pregnancies.

Goal 3: Increase the proportion of the Plan First Program enrollees who use family planning services in the initial year of enrollment and in subsequent years. The program goal is to achieve 70% in the initial year and increase service use to 60% in subsequent years.

Hypothesis: Consistent and continuous enrollee participation in the Plan First Program enhances compliance with contraceptive use/management and recipient provider relationships. Consistent and continuous participation also may decrease unwanted pregnancies, improve spacing between births and help to identify other family planning health related issues which may improve future birth outcomes for babies and mothers.

Goal 4: Increase the portion of the Plan First Program enrollees who receive smoking cessation services or nicotine replacement products. The program goal is to have 85% of smokers receiving these services.

Hypothesis: The use of smoking cessation services and products will decrease the use of tobacco products, therefore improving health and birth outcomes and the wellbeing of mothers and babies.

Goal 5: Maintain birth rates among the Plan First Program participants, which are lower than the estimated birth rates that would have occurred in the absence of the Demonstration Waiver. A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.

Hypothesis: Averted births among The Plan First Program participants will achieve budget neutrality for the Demonstration Waiver. Providing family planning services under this



Demonstration will decrease unwanted pregnancies, improve spacing and maintain birth rates lower than the population without Waiver services.

Goal 6: Increase the number of income-eligible men age  $\geq 21$  years who are enrolled in the Plan First program and the proportion of male enrollees undergoing vasectomy. The program goal is that men's enrollment in Plan First will increase by 10% annually and 75% of male enrollees will undergo vasectomy within the enrollment year.

Hypothesis: Providing choice to men regarding unwanted pregnancies will assist with the wellbeing of women, men and children. The majority of women who get counseled about female sterilization do not receive counseling about the vasectomy procedure. By report of female enrollees who do not want more children, 20% of male partners may be interested in the vasectomy procedure if they could get the procedure under the Plan First Program.

## **WAIVER & EXPENDITURE AUTHORITIES**

Under the authority of section §1115(a)(2) of the Social Security Act (the Act), expenditures made by Alabama for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this Demonstration extension, be regarded as expenditures under the state's Title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities.

The following expenditure authorities and the provisions specified as "not applicable" enable Alabama to operate its Demonstration effective January 1, 2015 through December 31, 2017, unless otherwise stated.

Effective through December 31, 2017, expenditures for extending Medicaid eligibility for family planning and family planning-related services, subject to an annual redetermination, to:

1. Women ages 19 through 55 losing Medicaid 60 days postpartum with incomes up to 141 percent of the Federal Poverty Level (FPL) (post Modified Adjust Gross Income (MAGI) conversion);
2. Women ages 19 through 55 with incomes up to 141 percent of the FPL who are not otherwise eligible for Medicaid; and
3. Men age  $\geq 21$  with incomes up to 141 percent of the FPL (post MAGI conversion) for vasectomies.

### **Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:**

All Medicaid requirements apply, except the following:

#### **1. Methods of Administration: Transportation**

**Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53**

To the extent necessary to enable the state to not assure transportation to and from providers for the Demonstration population.

#### **2. Amount, Duration, and Scope of Services (Comparability)**

**Section 1902(a)(10)(B)**

To the extent necessary to allow the state to offer the Demonstration population a benefit package consisting only of family planning services and family planning-related services.

### **3. Retroactive Coverage**

#### **Section 1902(a)(34)**

To the extent necessary to enable the state to not provide medical assistance to the Demonstration population for any time prior to when an application for the Demonstration is made.

### **4. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**

#### **Section 1902(a)(43)(A)**

To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the Demonstration populations.

### **5. Eligibility Procedures and Standards**

#### **Section 1902(a)(17)**

To the extent necessary to enable the state to use Express Lane eligibility determinations and redeterminations, for the Demonstration populations.

## **REVIEW OF DOCUMENTS & SUBMISSION OF COMMENTS**

All information regarding the Demonstration Waiver, including this full public notice, an abbreviated public notice, the Waiver application and other documentation regarding the proposal are available at: [http://www.medicaid.alabama.gov/content/4.0\\_Programs/4.2\\_Medical\\_Services/4.2.4\\_Family\\_Planning.aspx](http://www.medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.4_Family_Planning.aspx).

A copy of the draft Demonstration renewal application will also be available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning the §1115 Demonstration Waiver should be submitted on or before 5:00 p.m. on Tuesday, May 30, 2017 to the following e-mail address: [PublicComment@medicaid.alabama.gov](mailto:PublicComment@medicaid.alabama.gov) or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address. Prior to finalizing the proposed Waiver, Medicaid will consider all of the public comments received during the public comment period, both written and verbal. The comments will be summarized and addressed in the final draft of the Waiver to be submitted to CMS. The Agency does not anticipate a change in expenditures due to this Demonstration extension request.



Stephanie McGee Azar  
Commissioner